



REDACTED – FOR PUBLIC INSPECTION

Via ECFS

June 29, 2015

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Room 5-A225
Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Received & Inspected
JUL 01 2015
FCC Mail Room

RE: CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.

Dear Ms. Dortch,

Mark Twain Rural Telephone Company (Mark Twain) hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" financial information pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

Section 3005 of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). Mark Twain maintains that this information is "Confidential Financial Information" on the grounds that it is competitively sensitive information which could be used to disadvantage or harm Mark Twain and is submitting this information pursuant to Protective Order, DA 12-1857 as described below.

First, Mark Twain is submitting the "Confidential Financial Information" as a "Stamped Confidential Document" with each page bearing the legend CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION. One copy of the "Stamped Confidential Document" and accompanying cover letter are enclosed.

Second, Mark Twain is submitting the "Stamped Confidential Document" as a "Redacted Confidential Document" where the "Confidential Financial Information" has been redacted. Two copies of the "Redacted Confidential Document" and accompanying cover letter with each page stamped "REDACTED – FOR PUBLIC INSPECTION" are enclosed.

No. of Copies rec'd 0+1
List ABCDE

A n I n d e p e n d e n t T e l e p h o n e C o o p e r a t i v e

P.O. Box 68, Hwy 6 E. Hurdland, MO 63547-0068 Phone: (660) 423-5211 Fax: (660) 423-5496

REDACTED – FOR PUBLIC INSPECTION

Page 2
June 29, 2015
Ms. Marlene H. Dortch, Secretary

Finally, Mark Twain is submitting two copies of "Stamped Confidential Document" and accompanying cover letter to Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 Twelfth Street, S.W., Room 5-A452, Washington, D.C. 20554

FCC Form 481 was also filed prior to July 1st with the Missouri Public Service Commission.

Please contact me with any questions you have on this filing

Sincerely,



Denise Dames
Controller
Mark Twain Rural Telephone Company
controller@marktwain.coop

Enclosures

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0086/OMB Control No. 3060-0819

July 2013

Received & Inspected

<010> Study Area Code 421914

<015> Study Area Name MARK TWAIN RURAL TEL

<020> Program Year 2016

<030> Contact Name: Person USAC should contact with questions about this data Denise Dames

<035> Contact Telephone Number: 6604235211 ext.34
Number of the person identified in data line <030>

<039> Contact Email Address: controller@marktwain.coop
Email of the person identified in data line <030>

JUL 01 2015

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS

54.313 Completion Required	54.422 Completion Required
----------------------------------	----------------------------------

(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
421914M0510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
421914M0610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
421914M01010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421914
<015>	Study Area Name	HARK TWAIN RURAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604235211 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@harktwain.coop
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

421914mo112.pdf

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Not Applicable

<010>	Study Area Code	421914
<015>	Study Area Name	MARK TWAIN RURAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604235211 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	control@maxtwain.coop

[illegible]

<010>	Study Area Code	421914
<015>	Study Area Name	MARK THAIN RURAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604235211 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	control@markthain.coop
<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	16.0

[illegible]

<010>	Study Area Code	421914
<015>	Study Area Name	MARK TWAIN RURAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604275211 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3050-0819
July 2013

<010>	Study Area Code	421914
<015>	Study Area Name	MARK TWAIN RURAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604232211 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop
<810>	Reporting Carrier	Mark Twain Rural Telephone Company
<811>	Holding Company	Mark Twain Rural Telephone Company
<812>	Operating Company	Mark Twain Rural Telephone Company

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421914
<015>	Study Area Name	MARK TWAIN RURAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604235211 ext. 34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | |
|-------|------------------------------------------------------------------------------------------------|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. |
| <922> | Feasibility and sustainability planning; |
| <923> | Marketing services in a culturally sensitive manner; |
| <924> | Compliance with Rights of way processes |
| <925> | Compliance with Land Use permitting requirements |
| <926> | Compliance with Facilities Siting rules |
| <927> | Compliance with Environmental Review processes |
| <928> | Compliance with Cultural Preservation review processes |
| <929> | Compliance with Tribal Business and Licensing requirements. |

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421914
<015>	Study Area Name	MARK TWAIN RURAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604235211 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers

FCC Form 481

Lifeline

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Data Collection Form

July 2013

<010>	Study Area Code	421914
<015>	Study Area Name	MARK THATH RURAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604235211 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

421914M01210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR §§ 54.313(b), (c), (d), (e). The information reported on this form and in the documents attached below is accurate.

A diagram showing a rectangular block with a horizontal line through its center, resting on a horizontal surface. This represents a uniform rectangular block.

11/11/2019

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.302(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.315(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (7)(1)(B), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313)(f)(2)?

(3014) If yes, does your company file the RUS annual report

(Yes/No)
(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation.

(3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

421914mo3026.pdf


(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	ECG Form 481 OMB Control No. 3060-0938/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	421914
<015> Study Area Name	MARK TWAIN RURAL TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Denise Dames
<035> Contact Telephone Number - Number of person identified in data line <030>	6604235211 ext. 34
<039> Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MARK TWAIN RURAL TEL	
Signature of Authorized Officer: 	Date: 6-29-15
Printed name of Authorized Officer: Jim Lyon	
Title or position of Authorized Officer: Executive V.P. & General Manager	
Telephone number of Authorized Officer: 6604235211 ext.	
Study Area Code of Reporting Carrier: 421914	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	421914
<015> Study Area Name	MARK TWAIN RURAL TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Denise Dames
<035> Contact Telephone Number - Number of person identified in data line <030>	6604235211 ext.34
<039> Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Data Collection Form

OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

16.0

[illegible]

Data Collection Form

OMB Control N

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421914
<015>	Study Area Name	MARK TWAIN RURAL TEL.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dams
<035>	Contact Telephone Number - Number of person identified in data line <030>	56424235211 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

715

[illegible]

[illegible]

421914mo112

"CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO
PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135,
05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN
DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE
FEDERAL COMMUNICATIONS COMMISSION."

REDACTED – FOR PUBLIC INSPECTION

Progress Report Section 112

Mark Twain Rural Telephone Company's demonstration of complying with applicable service quality standards and consumer protection rules:

Mark Twain Rural Telephone Company ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company complies with service quality and consumer protection provisions under state law. These provisions include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of The Missouri Public Service Commission which discloses rates, terms and conditions of service to customers; (2) compliance with state consumer protection provisions relating to Customer Services as identified in section 4 CSR 240-32.050 of the Missouri Code of State Regulations; (3) compliance with provisions for Quality of Service as identified in section 4 CSR 240-32.070 of the Missouri Code of State Regulations; (4) compliance with Service Objectives as identified in section 4 CSR 240-32.080 of the Missouri Code of State Regulations; (5) compliance with Customer Inquiry Procedure as identified in 4 CSR 240-33.060 of the Missouri Code of State Regulations, compliance with Dispute Standards as identified in 4 CSR 240-33.080 of the Missouri Code of State Regulations; (6) compliance with truth-in-billing requirements; and (7) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

The Company complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity theft. A manual for each of those programs is in place and is part of the employee's

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² *Id.* At para. 28.

421914mo510

handbook. Employee training is conducted and new hires are instructed on the programs as required by their job functions.

Mark Twain Rural Telephone Company Ability to Function in Emergency Situations

Mark Twain Rural Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Missouri Code of State Regulations. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery reserve that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites and has a maintenance program in place as described in section 4 CSR 240-32.060 of the Missouri Code of State Regulations.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

421914mo1010

As published annually by the Wireline Competition Bureau, as required in 47 C.F.R. 54.313(a)(10), our pricing on fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service. The national average is \$21.22, and two standard deviations would be \$47.48. Our fixed voice service rate is \$16.00.